

CORONA KAVACH POLICY, NAVI GENERAL INSURANCE LIMITED

CUSTOMER INFORMATION SHEET

| S. No | Title | Description | Refer to Policy Clause Number | |
|-------|---|---|--|-----|
| 1 | Product Name | Corona Kavach Policy, Navi General Insurance Limited | | |
| 2 | What am I covered for | a. Hospitalization expenses - Medical expenses incurred on hospitalization for Covid for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days. | 4.1 4.4 4.5 | |
| | | b. Ambulance Charges - Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization. | 4.1 | |
| | | c. Home Care treatment expenses - Costs of treatment incurred by the insured person on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days. | 4.2 | |
| | | d. AYUSH Coverage - Medical expenses incurred on hospitalization for Covid under AYUSH Treatment | 4.3 | |
| | | e. Hospital Daily Cash | 5.1 | |
| 3 | What are the major Exclusions in the policy | Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: | | |
| | | a. | Admission primarily for investigation & evaluation | 7.1 |
| | | b. | Admission primarily for rest Cure, rehabilitation and respite care | 7.2 |
| | | c. | Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date. | 7.5 |
| | | d. | Day Care treatment and OPD treatment | 7.6 |
| 4 | Waiting period | Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded | 6.1 | |
| 5 | Payment basis | The Base Cover is on indemnity basis and Optional Cover is on Benefit Basis. | | |
| 6 | Cancellation | The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts fraud by the Insured Person by giving 7 days' written notice. | 9.9 | |

Corona Kavach Policy, Navi General Insurance Limited | UIN : NAVHLIP21077V012021

Registered & Corporate Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
 Toll-free number: 1800 123 0004 8200 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

| 7 | Claims | <p>a. For Cashless Service - Search a nearby network provider to avail cashless treatment at - https://www.naviinsurance.com/hospitals/</p> <p>b. For Reimbursement of Claim - For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="467 510 1347 905"> <thead> <tr> <th>S.No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td>3</td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </tbody> </table> <p>For details on claim procedure please refer the policy document.</p> | S.No | Type of Claim | Prescribed Time limit | 1 | Reimbursement of hospitalization and pre hospitalization expenses | Within thirty days of date of discharge from hospital | 2 | Reimbursement of post hospitalization expenses | Within fifteen days from completion of post hospitalization treatment | 3 | Reimbursement of Home Care expenses | Within thirty days from completion of home care treatment | 8.1 , 8.2 |
|------|---|--|------|---------------|-----------------------|---|---|---|---|--|---|---|-------------------------------------|---|-----------|
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| 1 | Reimbursement of hospitalization and pre hospitalization expenses | Within thirty days of date of discharge from hospital | | | | | | | | | | | | | |
| 2 | Reimbursement of post hospitalization expenses | Within fifteen days from completion of post hospitalization treatment | | | | | | | | | | | | | |
| 3 | Reimbursement of Home Care expenses | Within thirty days from completion of home care treatment | | | | | | | | | | | | | |
| 8 | Policy Servicing | <p>a. Call Us: Toll Free 1800 123 0004 (From 8 am to 8 pm)</p> <p>b. Email: mycare@navi.com Email for Senior Citizens- seniorcare@navi.com</p> <p>c. Register & Track Queries: Visit our website www.naviinsurance.com to register & track your queries and complaints.</p> <p>d. Walk in for assistance</p> <p>e. Dispatch your letters to us at – Navi General Insurance Limited 402,403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (East), Mumbai – 400099. Maharashtra.</p> <p>f. Escalation –</p> <ul style="list-style-type: none"> - First Escalation – Contact Customer Experience Team at - Manager.CustomeExperience@navi.com - Second Escalation - Email to Head Customer Experience and Grievance Redressal Officer at – Head.CustomerExperience@navi.com | | | | | | | | | | | | | |

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|---|-----------------------------------|---|-----------|
| | Grievances/ Complaints | <p>a. Details of Grievance redressal officer – Phone - 022 - 40018100 Email - Head.CustomerExperience@navi.com</p> <p>b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman The contact details of the Insurance Ombudsman offices have been provided as Annexure- B of Policy document.</p> | 10 |
| 9 | Insured's Rights | <p>Turn Around Time for Pre-Authorisation – within 3 hours from the receipt of last complete documents.</p> <p>Turn Around Time for Settlement of Reimbursement Claims – 30 days from submission of the last "necessary" document(s) / information.</p> <p><i>In case, the claim warrants an investigation, the same shall be completed within 30 days from the date you submit the last necessary document to us. In such cases, the settlement shall be within 45 days from the date of receipt of last necessary document.</i></p> | |
| 10 | Insured's Obligations | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. | |
| <p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p> | | | |